	Application No.	Applicant(s)
Interview Summary	09/750,001	FRANK ET AL.
	Examiner	Art Unit	
	Jonathan Ouellette	3629	

All participants (applicant, applicant's representative, PTO personnel):

(1) *Jonathan Ouellette*.   (3)_____.

(2) *Jefferey Kuester*.   (4)_____.

Date of Interview: *27 November 2006*.

Type: a)☒ Telephonic   b)☐ Video Conference
c)☐ Personal [copy given to: 1)☐ applicant   2)☐ applicant's representative]

Exhibit shown or demonstration conducted: d)☐ Yes   e)☐ No.
If Yes, brief description: _____.

Claim(s) discussed: *All Independent Claims*.

Identification of prior art discussed: *Hunter (US 6298327) and Eggleston (US 6061660)*.
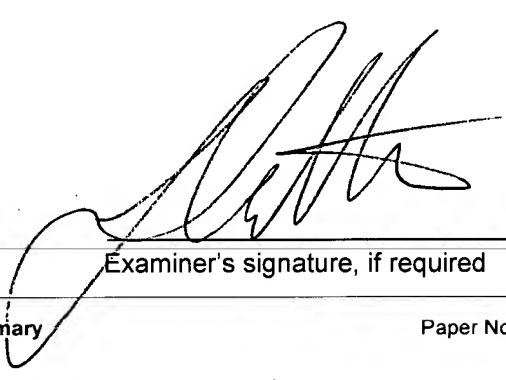
Agreement with respect to the claims f)☐ was reached.   g)☐ was not reached.   h)☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: *Mr. Kuester and Examiner Ouellette discussed removing the utilization steps from the independent claims and amending the independent claims with additional information/steps regarding the reward tracking (types of information tracked, using the tracking information).*

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

_____
Examiner's signature, if required